

registration form

2019-2020

PLEASE COMPLETE this form and

SUBMIT WITH PAYMENT to TAMARA STEELE, c/o Confederation

Centre Art Gallery, 145 Richmond Street, Charlottetown, PE C1A 1J1

Cheques should be made payable to 'Confederation Centre of the Arts'.

FOR MORE INFORMATION CONTACT TAMARA STEELE AT

(902) 628-6111 or artseducation@confederationcentre.com

PROGRAM (PLEASE SELECT)

- | | | |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> KinderART (ages 4-5), begins Oct. 12, 2019 \$90 | <input type="checkbox"/> EVA II (ages 9-12), begins Oct. 12, 2019 \$110 | <input type="checkbox"/> PD Day Art Camp, Nov. 14, 2019 \$30 |
| <input type="checkbox"/> KinderART (ages 4-5), begins Jan. 18, 2020 \$90 | <input type="checkbox"/> EVA II (ages 9-12), begins Jan. 18, 2020 \$110 | <input type="checkbox"/> PD Day Art Camp, Nov. 15, 2019 \$30 |
| <input type="checkbox"/> KinderART (ages 4-5), begins Apr. 25, 2020 \$90 | <input type="checkbox"/> EVA II (ages 9-12), begins Apr. 25, 2020 \$110 | <input type="checkbox"/> PD Day Art Camp, Dec. 6, 2019 \$30 |
| <input type="checkbox"/> EVA I (ages 6-8), begins Oct. 12, 2019 \$110 | <input type="checkbox"/> mARTch Break Camp, Mar. 16-20, 2020 \$175 | <input type="checkbox"/> PD Day Art Camp, Feb. 28, 2020 \$30 |
| <input type="checkbox"/> EVA I (ages 6-8), begins Jan. 18, 2020 \$110 | <input type="checkbox"/> PD Day Art Camp, Oct. 11, 2019 \$30 | <input type="checkbox"/> PD Day Art Camp, Mar. 6, 2020 \$30 |
| <input type="checkbox"/> EVA I (ages 6-8), begins Apr. 25, 2020 \$110 | <input type="checkbox"/> PD Day Art Camp, Nov. 8, 2019 \$30 | <input type="checkbox"/> PD Day Art Camp, Apr. 3, 2020 \$30 |
| | | <input type="checkbox"/> PD Day Art Camp, May 1, 2020 \$30 |

CHILD'S NAME: _____ AGE: _____ DATE OF BIRTH: _____ YYYY/MM/DD

PARENT/GUARDIAN: _____ EMAIL: _____
(necessary for class updates)

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

MAILING ADDRESS: _____

Student is: _____ new to **Confederation Centre's Visual Arts Program** _____ returning from previous/other year(s)

PLEASE MAKE NOTE OF ANY **MEDICAL OR BEHAVIOURAL CONDITIONS** OF WHICH WE SHOULD BE AWARE (use back of form if necessary):

I HEREBY GIVE CONSENT AND PERMISSION for my child to participate in the 2019-20 Confederation Centre Visual Arts Education Program, and certify they are physically fit to take part in all activities. Further, I do hereby waive, release, and forever discharge said organization from all claims for damages occurring, injuries, or loss of personal property during their participation.

The Confederation Centre of the Arts retains the right to cancel any class for which there is insufficient enrollment. Other than program cancellation, fees are non-refundable unless justified by a medical receipt.

***PLEASE BE ADVISED this program may be documented by photos and or video. Photographs may be used for marketing and publicity purposes. Please indicate your consent. yes no

SIGNATURE DATE

If paying by credit card, please complete the following:

VISA MC AMEX CARD NUMBER _____ EXP. DATE _____ CVV _____ SIGNATURE _____

FOR OFFICE USE ONLY:

DATE _____ CASH DEBIT CHEQUE POST-DATED CHEQUE

RECEIVED BY: _____ RECEIPT ISSUED ORDER # _____

SIGN ME UP! (please check boxes)

to receive Gallery information via email to receive Schurman Family Studio programming information via email

(Please ensure you've added your email above)